FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995 5.26 B09500

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 26 PM 2:29

DOCUMENT # **P94000075338 (1)**

1. Corporation Name

KATHWARD HOMES, INC.

Principal Place of Business	Mailing Address
% BARNETT ROBINSON, JR., P.A. 2255 GLADES RD., SUITE 319 - ATRIUM BOCA RATON FL 33431	% BARNETT ROBINSON, JR., P.A. 2255 GLADES RD., SUITE 319 - ATRIUM BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/13/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1625 Lands End Road	26 1625 Lands End Road
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Manalapan FL	28 Manalapan FL
24 Zip 33462 25 Country USA	29 Zip 33462 30 Country USA

4. FEI Number: 65-0527036 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BARNETT ROBINSON, JR., P.A. 2255 GLADES RD. SUITE 319 ATRIUM BOCA RATON FL 33431	81 Name: Kathleen L. Charlton 82 Street Address (P.O. Box Number is Not Acceptable): 1625 Lands End Road 83 84 City: Manalapan FL 85 Zip Code: 33462

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Kathleen L. Charlton — 5-19-95
Signature, typed or printed name of registered agent (add title if applicable) (MUST: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		11 TITLE	P/T/D	☐ Change ☒ Addition
NAME		12 NAME	CHARLTON, KATHLEEN L.	
STREET ADDRESS		13 STREET ADDRESS	1625 Lands End Road	
CITY ST ZIP		14 CITY ST ZIP	Manalapan, FL 33462	
TITLE		21 TITLE	VP	☐ Change ☒ Addition
NAME		22 NAME	BRAXTON, EDWARD E., JR.	
STREET ADDRESS		23 STREET ADDRESS	1625 Lands End Road	
CITY ST ZIP		24 CITY ST ZIP	Manalapan, FL 33462	
TITLE		31 TITLE	S	☐ Change ☒ Addition
NAME		32 NAME	BRAXTON, ANN S.	
STREET ADDRESS		33 STREET ADDRESS	1625 Lands End Road	
CITY ST ZIP		34 CITY ST ZIP	Manalapan, FL 33462	
TITLE		41 TITLE	~~A/S~~	~~☒ Change ☒ Addition~~
NAME		42 NAME	~~RAYMOND, PAMELA K~~	
STREET ADDRESS		43 STREET ADDRESS	~~2255 Glades Road, Suite 319A~~	
CITY ST ZIP		44 CITY ST ZIP	~~Boca Raton, FL 33431~~	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kathleen L. Charlton — 5-19-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0437140 FP